

State Form 4506 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Tyes No	or out	NO VALUE SE TRUK	MSQ3 EPIT ESTLAN
COMMITTEE INFORMATIO	N		
1. Full Name of Committee (as on Statement of Organization)	ew name	ТВИСТЮНА FOR ST	SPECIAL INST
2. Acronym or Abbreviated Name (if any).	3. Comm	nittee Telephone Number	34
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this	is a new address	
5. City State, ZIP Code, IN 46032	6. Party	Affiliation (if applicable)	TOTAL TOTAL
CANDIDATE INFORMATION (For Candidate'	's Committe	es Only)	
7. Full Name of Candidate (include any nickname)	8 Party	Affiliation or If Independe	nt Candidate
Harvey Mi Kagan	Ven	Doctat	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Residence	
Clay Township Board	H19	milton	attended contamination and
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	
Final/Disbands Committee (lines 18, 19, and 20 must be 10). Outgoing Treasurer (within 10 days amend Statem	nent of Organization	Post-Cor	nvention
12. Reporting Period: From: 10-14-06 Through: 12-3 + 06	too sale gall Lind	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.	A struct of		-0-
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		12-9-0	8/4/7
15b. Unitemized		0	-0-
15c. Add lines 15a and 15b in both columns SI	UBTOTAL	1-19-0	Vat 7
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$ 100 O	41-27
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	and the second		STATE OF THE PARTY
17a. Itemized (use Schedule 8) (Public Question: use Schedule C)		-0	\$627
17b. Unitemized		-0-	0
17b. Unitemized	SUBTOTAL	-0-	D-273
17b. Unitemized	SUBTOTAL TOTAL	-0-	0 1273 -03
17b. Uniternized 17c. Add lines 17a and 17b in both columns		-0- -0- -0-	1275 -08

Signature on File

FOR OFFICE USE ONLY

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Harvey M. Kagan 316 Merdow Lane 48 Carmel, IN 46032	Contributions; Direct In-Kind (describe)	-0-1		3-24-06
Carmel, IN 46032	Other Receipts: Interest Loan Misc. (specify)	arti selline sobu si amen sholudh	oni enti Jeasini n entenag a cot	3-24-06 Navey Kaga,
Contributor's Occupation (if required) Lawall	genom <u>a obsero ziart orter las</u>	pribni yns to re	SEQUIDOD BY 150	SCEUPATION: E
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Contributor's Occupation (# required)			baineg pniha	bonipts for this re-
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Contributor's Occupation (if required)	care on ITEM Ideal me	Also enter this f	s on Schedule A	signing liss to Inscend
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Contributor's Occupation (if required)				
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TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$1027		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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		Other Receipts: Interest Loan Misc. (specify)	.5) o orlar rodinam as orlar E. A.: Enser	ad. (IC 3-9-1-24)	
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year. MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committees).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Harvey M. Kaggar 316 Mardow Lane 48 Carmel IN 46032	Lanyer Clay Two Board	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	G	\$627	3-24-06
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

ount paid to political committees supporting or oppor	ing or opposing a public question, MUST be itemized on this schedule.			FILE NOMBER		
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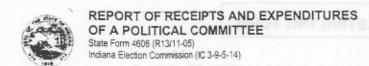
State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Shoot)					50-



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
Page	of	elu!			

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any)	DATE DEBT PAID	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
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	full name and mailing addr			NAME AND	
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(Enter total on ITEM 20 of the Summary Sheet)					